6400 BREMERTON-KITSAP COUNTY HEALTH DEPARTMENT Vol. 1998 Page 28802

BREMERTON, WASHINGTON 98312

Certified Copy of Death Certificate

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS
CERTIFICATE OF DEATH

8628 LOCAL FILE NUMBER

146-8 STATE FILE NUMBER

1. NAME-FIRST, MIDDLE, LAST: SARAH FRANCES TURNER
2. SEX: Female
3. DEATH DATE (MO DAY YR): Oct. 27, 1983
4. RACE (WHITE, BLACK, AM. IND. ETC.): White
5. AGE - LAST BIRTHDAY (YRS): 61
8. BIRTHDATE (MO DAY YR): April 1 1922
9. COUNTY OF DEATH: Kitsap
10. CITY, TOWN OR LOCATION OF DEATH: Bremerton
11. PLACE OF DEATH: Harrison Memorial Hospital
12. RECEIVED EMERGENCY CARE: No
13. BIRTH STATE (IF NOT IN U.S.A. GIVE COUNTRY): Missouri
14. CITIZEN OF WHAT COUNTRY: USA
15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
16. SPOUSE (IF WIFE GIVE MAIDEN NAME): Jesse Lee Turner
17. WAS DECEDENT EVER IN U.S. ARMED FORCES?: No
18. SOCIAL SECURITY NO.: 489-14-7816
19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED): Homemaker
20. KIND OF BUSINESS OR INDUSTRY: Own home
21. RESIDENCE - NUMBER AND STREET: NE 70 Wagonwheel Rd.
22. CITY/TOWN, OR LOCATION: Belfair
23. INSIDE CITY LIMITS: No
24. COUNTY: Mason
25. STATE: Washington
26. FATHER - NAME FIRST, MIDDLE, LAST: Alfred Redding
27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST: Malidna Forsythe
28. INFORMANT - NAME: Jesse L. Turner (Husband)
29. MAILING ADDRESS (STREET OR RFD NO, CITY OR TOWN, STATE, ZIP): NE 70 Wagonwheel Rd. - Belfair, Wa. 98528
30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
31. DATE (MO DAY YR): Oct. 31, 1983
32. CEMETERY/CREMATORY - NAME: Miller-Woodlawn Memorial Park
33. LOCATION - CITY/TOWN, STATE: Bremerton, Washington
34. FUNERAL DIRECTOR - SIGNATURE: X
35. NAME OF FACILITY: Miller-Woodlawn Funeral Home
36. ADDRESS OF FACILITY: 5505 Kitsap Way Bremerton, Wa 98312

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

37. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
SIGNATURE AND TITLE: X
38. DATE SIGNED (MO DAY YR): 10/31/83
39. HOUR OF DEATH (24 HRS): 1110

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

40. ON THE BASIS OF EXAMINATION AND OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED
SIGNATURE AND TITLE: X
41. DATE SIGNED (MO DAY YR):
42. HOUR OF DEATH (24 HRS):
43. NAME AND TITLE OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT):
44. PRONOUNCED DEAD (MO DAY YR):
45. HOUR PRONOUNCED DEAD (24 HRS):
46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT): Arthur Lee, M.D. - 2601 Cherry - Bremerton, Wa. 98312

CAUSE OF DEATH

47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C).)
(a) cardiac arrest
DUE TO, OR AS A CONSEQUENCE OF:
(b) acute myocardial infarction
DUE TO, OR AS A CONSEQUENCE OF:
(c) coronary artery disease
INTERVAL BETWEEN ONSET AND DEATH: (a) unknown; (b) 1 day; (c) 20 yrs
48. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE.
49. AUTOPSY? (YES/NO): Yes
50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO): No
51. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (SPECIFY):
52. INJURY DATE (MO DAY YR):
53. HOUR OF INJURY (24 HRS):
54. DESCRIBE HOW INJURY OCCURRED.
55. INJURY AT WORK? (YES/NO):
56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY):
57. LOCATION - STREET OR RFD NO., CITY, TOWN, STATE:
58. REGISTRAR SIGNATURE: X J. Glenn Koontz, M.D., M.P.H.
59. DATE RECEIVED (MO DAY YR): NOV 2 1983

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM 6.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING UNDERLYING CAUSE LAST.

AUG 6 11:13 98

This is to certify that the foregoing is a true, full, and correct copy of the original certificate of death of SARAH FRANCES TURNER *temporarily on file in this office.*

The original certificate from which this copy has been made will be permanently filed at the Bureau of Vital Statistics, PO Box 9709, Olympia, WA 98504. (206) 753-5937

S. F. No. 9077—OS—9-67.

J. Glenn Koontz, M.D., M.P.H.
Health Officer and Registrar

By

BREMERTON, Wash., 2 Nov. 1983

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of First American Title the 6th day of August A.D., 19 98 at 11:13 o'clock A. M., and duly recorded in Vol. M98 of Deeds on Page 28802.

Bernetha G. Letsch, County Clerk

By Kathleen Rood

FEE $10.00